

**TENNESSEE STATE BOARD OF ACCOUNTANCY
TSBA REVIEW COMMITTEE MEMBER APPLICATION**

1. Applicant's Name: Mr. _____ Mrs. _____ Ms. _____

FIRST

MI

LAST

2. Firm or Organization _____

Mailing Address _____

CITY

ST

ZIP

Business Telephone Number (_____) _____ - _____ Ext. _____

Facsimile Number (_____) _____ - _____ Ext. _____

3. Did your firm receive an unmodified report on its most recent on-site peer review under one of the approved programs? ☐ Yes ☐ No
4. Are you an equity owner of your firm? ☐ Yes ☐ No
5. Do you possess a current active license to practice in Tennessee as a certified public accountant?
☐ Yes ☐ No
6. Are you currently practicing at a supervisory level in the auditing function of a firm that is currently enrolled in an approved peer review program? ☐ Yes ☐ No
7. What is the number and complexity of engagements that you have performed? _____

8. How many years experience do you have in public practice in the accounting and auditing function? _____
In the past 10 years, how many years of experience do you have in public practice in the auditing function supervising one or more of the firms' engagements or carrying out quality control functions on the firms auditing engagements? _____
9. Has your ability to practice accounting or auditing ever been limited or restricted in any way by a regulatory, monitoring or enforcement body including the AICPA, SEC, State Boards, PCAOB, accounting society, etc.? ☐ Yes ☐ No If yes, please explain and list dates of restriction: _____

10. Are you fully qualified to serve as a peer review Team Captain? ☐ Yes ☐ No If yes, how many years have you served as a Team Captain? _____
11. How many reviews have you performed as a member or as the Team Captain? _____
How many system reviews have you performed as the Team Captain in the last 5 years? _____
Serving as a member or Team Captain, what level of complexity have the reviews been that you performed? _____

List the types of industries included in the reviews under which you served as Team Captain:

Under what programs have you performed reviews? i.e.: AICPA, SEC, PCPS, State Boards, etc.

12. Have you attended an on-site reviewers' training course on conducting peer reviews? ☐ Yes ☐ No
If yes, please indicate the name of the last review course attended, the date attended, and the location of the course.
Name _____

Author _____
Date Attended ____/____/____
City _____ State _____

13. Have you attended a reviewers' training course on conducting off-site peer reviews? ☐ Yes ☐ No
If yes, please indicate the name of the last review course attended, the date attended, and the location of the course.

Name _____
Author _____
Date Attended ____/____/____
City _____ State _____

14. List the industries in which you have experience in performing peer reviews, such as governmental, construction, ERISA, banking, not-for-profit, etc. _____

15. Have you served as a member of a Review Acceptance Body (RAB) or served on a technical committee at a firm, local, state or national level? ☐ Yes ☐ No
If yes, list the program(s) under which you served and the number of years you served: _____

16. What is the amount and level of experience you have with peer review oversight? _____

17. Do you have current knowledge of applicable professional standards including knowledge of the current rules and regulations applicable to a variety of industries? ☐ Yes ☐ No Please give a brief summary.

18. List any publishing or teaching experience you have in relevant technical areas or any teaching experience in peer review training courses. _____

19. List any personal experience you have had with difficult reviews involving modified or adverse opinions, pre- or post- issuance reviews, disagreements with the reviewed firm, appeals of review results, etc.

Send Completed Application to:

Tennessee State Board of Accountancy
500 James Robertson Parkway, 2nd Floor
Nashville, Tennessee 37243-1141

Enclose a **resume** along with any other attachments
necessary to completely answer the above questions.

State Board Use Only

Application Score:

A & A _____ P.R. _____

Date _____ Initial _____

State Board Use Only

Interview Score: _____

Date _____ Initial _____

State Board Use Only

Total Score: _____

Date _____ Initial _____